

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914794

FILING DATE

APPUGANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		12					53					
4		21					54					
5		13					55					
6		21					56					
7		10					57					
8	1						58					
9		1					59					
10		12					60					
11	1						61					
12		1					62					
13		12					63					
14		10					64					
15		10					65					
16		10					66					
17		10					67					
18		10					68					
19		10					69					
20		10					70					
21		10					71					
22	1						72					
23		1					73					
24		1					74					
25		31					75					
26		10					76					
27		10					77					
28		10					78					
29		10					79					
30		10					80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	20						TOTAL DEP.					
TOTAL CLAIMS	30						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS